## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

| FOR THE DISTRICT OF COLUMBIA |   |  |  |  |  |  |
|------------------------------|---|--|--|--|--|--|
|                              |   |  |  |  |  |  |
|                              | Plaintiff   | _ )<br>)   |  |  |  |  |
|                              | v.  | ) Civil Action No.   |  |  |  |  |
|                              | Defendant   | )<br>_ )   |  |  |  |  |
|                              | Dejenuuni   | ,  |  |  |  |  |
|                              | SUMM  | ONS IN A CIVIL ACTION  |  |  |  |  |
| To:                          | (Defendant's name and address)  |  |  |  |  |  |
|                              |   |  |  |  |  |  |
|                              |   |  |  |  |  |  |
|                              | A lawsuit has been filed against you.   |  |  |  |  |  |
|                              | on the plaintiff an answer to the attached Procedure. The answer or motion must l | mmons on you (not counting the day you received it) you must d complaint or a motion under Rule 12 of the Federal Rules of the served on the plaintiff or plaintiff's attorney, whose name and |  |  |  |  |
|                              |   |  |  |  |  |  |
|                              |   |  |  |  |  |  |
|                              |   |  |  |  |  |  |
| compl                        | If you fail to respond, judgment by defaint. You also must file your answer or    | ault may be entered against you for the relief demanded in the motion with the court.  |  |  |  |  |
|                              |   | ANGELA D. CAESAR, CLERK OF COURT   |  |  |  |  |
| Date:                        |   |  |  |  |  |  |
|                              | <del></del>   | Signature of Clerk or Deputy Clerk   |  |  |  |  |

Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

|  | This summons for (nar  | ne of individual and title, if any) |                                 |      |          |  |  |
|--|--|-------------------------------------|---------------------------------|------|----------|--|--|
| was rec  | ceived by me on (date)   |                                     |                                 |      |          |  |  |
|  | ☐ I personally served  | the summons on the individua        | al at (place)                   |      |          |  |  |
|  |  |                                     | on (date)                       | ; or |          |  |  |
|  | ☐ I left the summons at the individual's residence or usual place of abode with (name) |                                     |                                 |      |          |  |  |
|  | , a person of suitable age and discretion who resides there,                           |                                     |                                 |      |          |  |  |
|  | on (date), and mailed a copy to the individual's last known address; or                |                                     |                                 |      |          |  |  |
|  | ☐ I served the summo   | ons on (name of individual)         |                                 |      | , who is |  |  |
| designated by law to accept service of process on behalf of (name of organization) |  |                                     |                                 |      |          |  |  |
|  |  |                                     | on (date)                       | ; or |          |  |  |
|  | ☐ I returned the summons unexecuted because  |                                     |                                 |      | ; or     |  |  |
|  | ☐ Other ( <i>specify</i> ):  |                                     |                                 |      |          |  |  |
|  |  |                                     |                                 |      |          |  |  |
|  |  |                                     |                                 |      |          |  |  |
|  | My fees are \$   | for travel and \$                   | for services, for a total of \$ |      |          |  |  |
|  |  |                                     |                                 |      |          |  |  |
|  | I declare under penalty of perjury that this information is true.                      |                                     |                                 |      |          |  |  |
|  |  |                                     |                                 |      |          |  |  |
| Date:  |  |                                     | Server's signature              |      |          |  |  |
|  |  |                                     | server's signulare              |      |          |  |  |
|  |  |                                     | Printed name and title          |      |          |  |  |
|  |  |                                     |                                 |      |          |  |  |
|  |  |                                     |                                 |      |          |  |  |
|  |  |                                     | Server's address                |      |          |  |  |

Additional information regarding attempted service, etc: